AMERICAN INTELLIGENCE.

Case in which a thimble was impacted in the right posterior naris. By Paul F. Eve, M. D., Professor of Surgery in the Medical College of Georgia.—A little girl, ætat. about six years, was brought from a neighbouring state by her father, Mr. S., who stated that she had had a thimble up her nose for the past two weeks. In playing with her mother's thimble, she had put it into her mouth, and was observed suddenly to be threatened with suffocation. Her father being present, thrust in his finger, and in the agitation of the moment, the efforts to extract it pushed it into the posterior part of the right nostril. As it was not removed by the attempts which were immediately made, she was brought to our city for professional assistance.

By the introduction of Belloeque's instrument, the foreign body was readily felt in the right nostril. As this passed the thimble and appeared along side the uvula, I next tried to dislodge it with a large sized flexible metallic bougie. When touched by these instruments, a few drops of muco-purulent matter flowed out of the nose. Finding it impossible to succeed by these means, I abandoned them, and resorted to the finger in the posterior naris.

My patient was very ungovernable, but her mouth was forced open, and maintained so by a cork between the molar teeth. As the thimble was on the right side, I succeeded with the left index finger, although I found it so closely impacted into the naris, that the nail of the finger was split in the effort at extraction. It may have been that the instruments which were introduced through the anterior nostril passed through the thimble, as it is what is called the tailor's, having an open base.

Report of the Obstetric Department of the Philadelphia Dispensary, for the year 1839. By Joseph Warrington, M. D., Accoucheur.—Seventy-seven women have been under the care of the accoucheur in this institution during the year.

Seventy-nine children have been delivered, viz. fifty-three boys and twenty-six girls; one woman having twin boys, and one twin girls.

In forty-seven cases in which the presentations and positions of the fœtuses were carefully observed, they were as follows:—28 in first position of vertex; 11 in second do.; 4 in fourth do.; 3 in first position of breach; 1 in fourth position of knees.

The average duration of labour, in 45 cases, was 11 hours 26 minutes, the extremes being 30 minutes and 31 hours.

The average time required for the spontaneous expulsion of the placenta, in 51 cases, was 19 minutes, the extremes being 5 and 60 minutes. In six other cases some manual aid was necessary to the delivery of this mass, after a retention for 30, 60, 90, 90, 120, and 240 minutes respectively. In each of these cases the delay of its delivery depended upon either atony

of the uterus, or the manner in which the placenta presented at its orifice, and *not to adhesions or hour-glass contraction.*

The insinuation of the finger in four of the cases, and of the hand into the vagina and os uteri in two, was found sufficient for the completion of delivery.

In one case the fœtus presented originally in the fourth, but became spontaneously changed to the second position of the vertex.

In one case flexion of the head upon the thorax did not take place until the hand was introduced to assist the change.

The forceps were applied in four cases, viz., in one which one year and fifteen days previously had been delivered by the crochet, in consequence of deficient amplitude of the pelvis (child now delivered alive); one in consequence of contraction of the antero-posterior diameter, with the additional obstacle of the jutting in of the left acetabulum (child living), case given in detail by William H. Muller (one of the obstetric class); in one in consequence of an irreducible prolapsus of the cord (child not quite dead when delivered, but could not be resuscitated); and in a fourth case, in consequence of the defect of uterine action and a small but well-formed pelvis, ergot having failed to effect delivery (child living). Ergot was used in this one case only, during the whole year. All the women recovered except one, who died of phthisis, eight days after delivery, which occurred three weeks before term, the patient not being expected to live till that time. Delivery was effected by the uterine efforts merely, and almost unconsciously to the emaciated and enfeebled mother.

Two patients had metritis coming on after natural and easy labours, and one (the case of which will be given with some detail) after considerable manipulations and use of the forceps. These were cured in a few days by blood-letting, general and local, moderate purging, fumentations to the abdomen, and mucilaginous injections into the vagina.

There was one case of severe uterine and mammary engorgement, occurring on the third day after a natural labour. It was promptly cured by two doses of calomel and castor oil, with the frequent use of fumentations to the mammæ and abdomen.

One patient suffered much from ovaritis during the latter part of gestation. She was greatly relieved by cupping before delivery and a free leeching subsequently.

In one case, in which there was slight hemorrhage at the time of delivery, the placenta was found to be studded with numerous calcareous deposites upon its uterine surface. Several other placentæ were remarked to contain this species of formation, but no peculiar condition of the patient or child was noticed in connection with the circumstance.

Four or five of the children had ophthalmia; all of them recovered except one, which died in convulsions eight days after its birth; the inflammation was intense, and no nurse could be obtained to attend upon the mother or apply the remedies proposed for the relief of the child.

Dr. Warrington holds the appointment of accoucheur to this ancient and extensive institution, with a view to establish a school of practical midwifery. The cases are distributed among those members of his class who attend upon his course of practical instructions in obstetries, after having attended a full course of anatomy and midwifery in some respectable medical school.

Twenty-five gentlemen have participated in his courses of instruction

at the Dispensary, and attended upon the above list of cases during the past year.

The number of patients for 1839 exceeded that for the previous year by twenty-four.

Raw Cotton a Cure for Chafes.—Dr. A. Robertson, of Gainesville, Alabama, writes to us that he has found raw cotton a prompt and effectual cure for chafes. Practitioners, he states, in a southern climate, who visit their patients on horseback, are peculiarly liable, especially in sultry weather, to being badly chafed. Having suffered much from it himself, being sometimes disqualified for a day or two at a time for riding, he was induced to try the raw cotton, and has always found that when it was applied to the skin at night on going to bed, it afforded entire relief by next morning.

National Medical Convention.—The National Medical Convention for the revision of the Pharmacopœia of the United States, assembled in the City Hall, Washington, on the 1st of January, 1840.

The following delegates represented their respective Medical Societies and Colleges in the Convention, viz:

Theophilus C. Dunn, M. D., Rhode Island Medical Society.

Lewis Condict, M. D., New Jersey Medical Society.

Franklin Bache, M. D., Henry Bond, M. D., Joseph Carson, M. D., College of Physicians of Philadelphia.

George B. Wood, M. D., University of Pennsylvania.

Robley Dunglison, M. D., Jefferson Medical College, Philadelphia.

William W. Morris, M. D., James Couper, M. D., Delaware Medical Society.

John R. W. Dunbar, M. D., John C. S. Monken, M. D., Edward Foreman, M. D., Washington University, Baltimore.

Joshua J. Cohen, M. D., Medical and Chirurgical Faculty of Maryland.

Thomas Sewell, M. D., N. W. Worthington, M. D., Medical Society of the District of Columbia.

Thomas Miller, M. D, Harvey Lindsly, M. D., John M. Thomas, M. D., Columbian Medical College.

John W. Davis, M. D., Vincennes Medical Society of Indiana.

William Bacon Stevens, M. D., Georgia Medical Society.

The credentials of the delegations from the White Mountains Medical Society of Vermont, from the Medical Society of New Hampshire, from the Albany Medical College, and from the College of Physicians and Surgeons of Lexington, Kentucky, were presented by Dr. Condict, the President of the Convention of 1830, but the delegates were prevented from attending. After the rising of the Convention, however, Josiah Bartlett, M. D., delegate from the New Hamshire Medical Society, and Samuel G. Baker, M. D., and William A. Aikin, M. D., delegates from the University of Maryland, reached Washington, and by public notice in the papers stated their full concurrence in the measures adopted by the Convention.

The Convention elected Lewis Condict, M. D., of New Jersey, President, George B. Wood, M. D., of Philadelphia, Vice President, N. W. Worthington, M. D., of Georgetown, District of Columbia, Secretary, and Harvey Lindsly, M. D., of Washington, Assistant Secretary.

With the view of giving the various medical interests of the country their due weight in the deliberations of the Convention, the Surgeon General of the Army, and the Senior Naval Surgeon, at Washington, were invited to participate in the proceedings.

After some other preliminary business, the Convention adopted the following resolution, offered by Dr. Bache:

Resolved—That the delegates from the different medical bodies represented in this convention, be requested to present any written communications with which they may have been charged.

Upon calling over the several delegations, it appeared that no written communications had been forwarded to the Convention, except by the College of Physicians of Philadelphia. Dr. Bache presented from this College several documents, which, he stated, had been prepared with great industry and care, with a view to facilitate the revision and emendation of the Pharmacopœia of of 1830. This communication elicited discussion; but with a view to more definite action, Dr. Lindsly proposed the following resolution, which was adopted:

Resolved—That the communication from the College of Physicians of Philadelphia be referred to a committee who shall, also, be instructed to report a plan by which the revision and publication of the Pharmacopœia may be carried into effect.

It was ordered that the committee consist of five members to be named by the President, and Drs. Bache, Davis, Stevens, Cohen and Dunn, were accordingly appointed.

Dr. Wood offered the following proposition, which was adopted:

Resolved—That a committee be appointed to report a plan for the organization of the next Convention for revising the Pharmacopœia.

It was ordered, that the committee consist of three members to be named by the President, and Drs. Wood, Sewall and Dunglison were appointed.

The committee to whom the documents from the College of Physicians of Philadelphia were referred, and whose duty it was to arrange a plan by which the revision and publication of the Pharmacopœia might be carried into effect, made the following report, which, with the accompanying resolutions, was adopted by the convention:

"The Committee are of opinion, that the labours of revision constituting the communication from the College of Physicians would form a proper basis for the new Pharmacopœia; and that this communication, and all others that shall be received from bodies which have appointed delegates to this convention, should be referred to a committee of revision and publication, to meet in Philadelphia as soon as practicable. As it is desirable, that the committee here proposed should have the assistance of pharmaceutical bodies, it is recommended that authority be given to it to request the co-operation of Colleges of Pharmacy in the United States. A revising committee thus constituted, and clothed with power to fill their own vacancies, to publish the work after the completion of the revision, and to take order on all incidental measures necessary to carry out the object of the Convention, would, in the opinion of this committee, form a body to which the revision and publication of the Pharmacopœia might be safely trusted. To carry out these views the committee would recommend the adoption of the following resolutions by the Convention:

"1. The communication from the College of Physicians of Philadelphia, and all other communications which may be received from bodies that have appointed delegates to this Convention, shall be referred to a committee of revision and publication consisting of seven members, three of whom shall form a quorum.

"2. The committee, thus constituted, shall meet in Philadelphia, and be convened, as soon as practicable, by its chairman.

"3. The committee shall be authorised to request the co-operation of the Colleges of Pharmacy in the United States; to publish the work after the completion of the revision, and to take all other measures which they may deem necessary to carry into effect the object of the Convention.

"4. The committee shall have power to fill its own vacancies.

"5. When the committee shall have terminated their labours, they shall prepare a report of their proceedings and transmit it to the Secretary of this Convention, to be laid before the next Convention. All which is respectfully submitted.

" Franklin Bache,
" John W. Davis,
" W. Bacon Stevens,
" Joshua I. Cohen,
" Theophilus C. Dunn,
Committee.

" *Washington, January 3d*, 1840."

The Convention then proceeded to choose the members of the committee of revision and publication proposed in the above report, and Drs. Wood, Bache, Dunglison, Cohen, Dunn, Stevens and Sewall, were appointed.

The committee whose duty it was to arrange a plan for the organization of the next Convention, for revising the Pharmacopœia, made a report, which, at the suggestion of Dr. Stevens, was amended so as to make the first Monday in May, 1850, the time for the meeting of the Convention, instead of the first Monday in January, 1850. The report thus amended, and modified in other respects to suit this change, was adopted by the Convention as follows:

The committee appointed to suggest a plan for organizing the next Convention, report, that they have taken the subject into consideration, and ask leave to submit the following resolutions, which, with a few modifications, are the same as those adopted in 1830, for the organization of the present Convention.

1. The President of this Convention shall, on the 1st day of May, 1849, issue a notice requesting the several incorporated state Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy, throughout the United States, to elect a number of delegates, not exceeding three, to attend a general Convention to be held at Washington on the first Monday in May, 1850.

2. The several incorporated bodies thus addressed shall also be requested by the President to submit the Pharmacopœia to a careful revision, and to transmit the result of their labours through their delegates, or through any other channel, to the next Convention.

3. The several medical and pharmaceutical bodies shall be further requested, to transmit to the President of this Convention the names and residences of their respective delegates, so soon as they shall have been appointed; a list of whom shall be published under his authority, for the information of the medical public, in the newspapers and Medical Journals, in the month of February or March, 1850.

4. In the event of the death, resignation or inability to act, of the President of the Convention, these duties shall devolve upon the Vice President, and should the Vice President, also, be prevented from serving, upon the Secretary, or the Assistant Secretary, the latter acting in the event of the inability of the former.

George B. Wood,
Thomas Sewall,
Robley Dunglison,
Committee.

Washington, January 3, 1840.

The following resolutions were offered by Dr. Wood and adopted by the Convention:

Resolved—1. That the Secretary take charge of and preserve the existing records until his successor shall be appointed by the Convention of 1850, when it shall be his duty to hand them over to such successor.

2. That in case of the death, resignation or inability to act, of the Secretary, his duties shall devolve upon the Assistant Secretary; and 3. That it be recommended to future Conventions to appoint their Secretary, or Secretaries from members residing in the District of Columbia.

Dr. Bond offered the following resolution, which was adopted:

Resolved—That the committee of revision and publication be requested to take such measures as they may deem most effective to induce Physicians and Apothecaries to adopt the nomenclature of the Pharmacopœia in their prescriptions and labels.

Dr. Dunglison offered the following resolution:

Resolved—That the officers of this Convention be requested to prepare forthwith, for publication, such part of the transactions of the Convention as may seem to them to be adapted for making extensively known its important objects and proceedings, and that they be authorised to publish the same in the various Medical Journals of the United States, and in such of the daily and other newspapers as they think proper.

This resolution was adopted, and it was made the duty of the Secretary and Assistant Secretary to carry it into effect.

Having transacted business of great interest to the medical profession of their country—having passed votes of thanks to the officers of the Convention "for the able and dignified manner in which they had discharged their respective duties," and to the Board of Aldermen, of Washington, for the use of their Hall, the Convention, after a session of three days, characterised by a spirit of generous cordiality, which must contribute greatly to secure the objects for which they met together, adjourned.

By order N. W. Worthington, *Secretary.*
Harvey Linosly, *Assistant Secretary.*

P. S. The Medical Journals throughout the United States are respectfully requested to copy the foregoing abstract of the proceedings of the Convention.

Medical Topography of the city of Galveston, Texas, with an account of the Symptoms and Pathology of the Yellow Fever, which prevailed in that city in the autumn of 1839. By Ashbel Smith, M. D., Ex-Surgeon-General of the Texian Army.—Galveston Island, forming a part of the coast of Texas, is about thirty miles long, and of an average breadth of four or five miles. It is but little elevated above the surrounding water, quite level, destitute of trees, and presents altogether the general appearance of a prairie. The soil is light, porous, of a darkish gray colour, with a large admixture of sand as you approach the margin of the Island, and every where covered with a luxuriant grass. Water of rather indifferent quality, but just admissible for culinary uses, may be obtained by digging a few feet in any part of the island.

The city of Galveston is situated near the eastern extremity of the island, in latitude 29 deg. 18' N. and longitude 96 deg. 6' W. from Greenwich. The town site as laid out, extends quite across the island, which here varies from a mile and a quarter to two miles in breadth. The city is thus washed on its southeastern border by the Gulf of Mexico—while its opposite side which has a northwestern aspect, is washed by Galveston Bay, a broad sheet of water extending about forty miles into the country. A gentle curvature of the island on the bay side, Pelican Island, a long, level tract of land of about one thousand acres, situated at two miles distance north of the city, and the peninsula terminating in Bolivar Point to the north east, form the harbour. The heaving of the tide has formed a natural levee along the shore of the harbour, of about two feet in height and one hundred feet in breadth. Immediately in the rear of this levee, the land is low, being nearly on a level with the water at middle tide, and overflowed with water at high tides. Further in the rear, the land is again elevated and consists of a firm, dry, porous soil. From the overflow of the tides and from occasional rains, there exists at all times, between the levee and the elevated land in the rear, either a quagmire or a sheet of shallow water, three fourths of a mile long, and varying from one hundred to three hundred feet in breadth, exposed to the rays of an ardent sun. In front of this portion of the city, the shipping, from twenty-five to fifty craft, ride at anchor. Along the levee and immediately contiguous to the morass, runs the Strand, the principal business street of the city.—Nearly all the stores and buildings on one side of the Strand, are erected in or over the morass, without its having been filled up at all, or but very inadequately. In addition to the mud and moisture suffered to remain beneath, and in the rear of these buildings, the filth which business and population engender, has been permitted to accumulate. The rest of the city, with this single exception, from the porous nature of the soil, is dry and presents an aspect of general neatness, comfort and cleanliness, rarely to be seen in any part of the world.

The city of Galveston is yet scarcely two years old, and is estimated already to contain from two thousand to twenty-five hundred souls. The houses are framed buildings, most of them painted white, and in their external appearance, resembling the neatest houses of this sort in the small towns of the Eastern States.

For general healthfulness, Galveston Island, including the city, is probably unsurpassed by any place in the world. We are here exempt from the typhus fevers of cold climates, and the malignant endemics of the miasmatic regions of the south. The few diseases that occur here, are for the most part of a moderately inflammatory character, and readily yield to the simplest treatment. The mild breezes that are wafted over us, bear no unseen deadly poison on their wings. When the south wind prevails, the transparent clearness of the skies and balmy softness of the atmosphere, realize all that poets have sung of the Ægean. The winds from the east and north east are more harsh, and when they blow for a considerable period produce an inelastic state of the atmosphere, and dispose to agues. The brisk northers, coming from a point west of north, depress the mercury in the thermometer lower than easterly winds, but are justly regarded as less prejudicial to health. The range of the thermometer in this climate is high during the warm season, but the bland breezes from the south, which prevail very constantly throughout this period, and are usually strongest at midday, render the heat very seldom oppressive. They produce an elastic state of the atmosphere; the nights are cool, and a large portion of the citizens wear cloth the whole year. During the summer months, northers are of rare occurrence; they generally commence blowing moderately early in October. Frost commonly makes its appearance between the 1st and 10th of November.

Galveston continued in the enjoyment of its general healthfulness the present season, furnishing very few cases of severe disease, and these were mostly contracted elsewhere, until the latter part of September. About this time a Mr. Tichenor, keeping a retail store on the Strand, died rather suddenly with well defined symptoms, as was reported, of yellow fever. This report, however, did not attract much attention. Two or three days afterwards I was called to see a Mr. Lang, in the ten pin alley on the Strand, opposite Mr. Tichenor's, presenting the prominent symptoms of the same disease. In the progress of this case blood oozed freely from the patient's gums for sixty hours. He nevertheless recovered promptly. At this time, Sept. 30th, I was called to see in consultation H. Abrahams, who had been sick for three or four days. I found him with a violent hiccough, and an irratibility of the stomach, which suffered nothing to rest upon it. In a few hours the black vomit unequivocally declared itself; he died the next day, and the body became of a deep *yellow* hue. There were two other attacks which I did not see, a day or two previous to the 30th, both of which proved fatal. On the 30th, several new cases occurred, and the number increased daily until the morning of the 9th of October, when the epidemic appeared to be suddenly arrested for a period of about sixty hours.

On the 30th September, and for some days previously, strong easterly winds prevailed, with cloudy weather throughout the twenty-four hours. From the 1st to the 5th October, the wind blew from the east and northeast, in the morning it hauled round to the south east, and near south in the course of the day and evening, gradually becoming lighter and dying away in the fore part of the night; and regularly springing up about day break, with stiff breezes from the N. E. and E.—We afterwards had light southeasterly and southerly breezes throughout the twenty-four hours, with occasional lightning and a few drops of rain about midnight, until the morning of the 9th October. At this time a stiff norther set in with drizzling rains, which lasted till the middle of the forenoon of the 11th. From the 30th September to the 9th October, the thermometer ranged at midday, in the shade, from 84 to 88 degs. On the 9th it stood at midday at 69½, on the 10th at 66½; on the 11th at 79, on the 12th at 80 degs. Within the fifteen hours immediately preceding the norther and fall of the mercury, I was called to eight new cases, and I have been informed of some others. During the prevalence of the norther, I do not believe, after careful inquiry, a single new case occurred. Subsequently the epidemic reappeared in a somewhat mitigated form—the first fresh attack occurring, I believe, about 5 P. M. on the 11th. Subsequently to this date the thermometer ranged generally from 80 to 85½ degs. at midday—descending one day as low as 70 degs. with variable winds chiefly between the N. E. and S. until the morning of the 5th November, when a

stiff norther set in which blew three days. The thermometer on the 7th, stood at 45 degs. in the morning, and 58 degs. at midday. There was on the night of the 6th and 7th a slight frost, which it is hoped has put an end to the epidemic. It may be observed here, that although the northers prevented new cases, they were believed to be pernicious to persons previously attacked.

Description of the Disease.—The fever which I am about to describe, made its appearance on the Strand, and no case has occurred in the city, except among persons living or spending much of their time on this street, or its near vicinity. Persons in every condition of health, were subject to the disease, the robust being apparently equally obnoxious to it as the feeble. The larger number of cases was of men about the middle period of life. The other sex was not exempt, and a few well marked though not severe cases occurred in young persons not arrived at puberty.

Very slight indisposition, without any particular premonitory symptoms, in most cases preceded the attack. The invasion occurred at any time of the twenty-four hours—more frequently I think between midday and dark, or between midnight and day.

The disease commences pretty uniformly with pains of the bones, a little sickness of the stomach, some fulness of the head, moderate chilliness, very seldom amounting to a complete rigor; and the slight diminution of nervous sensibility of the extremities, usually felt in the forming stage of most fevers. This state continues only a short time, from a few minutes to two or three hours, when it is succeeded by intense pain through the forehead and eyes, excruciating pains in the loins, extending sometimes down the thighs, and great restlessness. The eyes are bloodshotten, and have a peculiar shining, drunken appearance—the face is flushed and bloated—the skin hot and generally dry, sometimes moist and warm—the pulse is full, frequent, in some cases bounding, not hard—the pain of the bones and sickness of the stomach, which were present in the forming stage, continue. Sometimes there is copious vomiting within the first few hours, but as often at this period there exists only nausea or slight sickness. Sickness of the stomach is very seldom, if ever absent, but the patient does not always mention it, except when inquired of, his attention being directed to his intense suffering in the loins and forehead. The tongue is moist, rather large, moderately furred, in some cases bordered with a well defined red edge, not unfrequently of a healthy aspect. The thirst in some cases is moderate, in others considerable, seldom very intense. The epigastrium is slightly sensible on pressure, in many of the severest cases, quite indolent—the mental operations are in rare instances disturbed, very generally coherent, in some quite natural, in many sluggish, unless roused by the severity of pain. There is this noticeable in the restlessness, that it is not always accompanied with jactitation, but consists in a disposition to rise from the bed and walk about. Frequently on turning round I have found a patient sitting on the edge of the bed, who a moment before was lying quietly.

A diminution of the pains and febrile excitement very generally takes place, from eight or ten, to twenty hours after the invasion. If the disease proceed to a favourable termination, the abatement of all the symptoms continues gradually, and convalescence at length commences without any marked crisis, that I have been able to discover, except this gradual disappearance of all the morbid symptoms, and the resumption of the functions, as in health. In many cases it might be dated as early as on the third day—and in a few, perhaps even sooner—and this early convalescence has happened when the attack was ushered in with great violence. In others, convalescence commenced about the fifth or seventh day—in one case not until the fifteenth day. Convalescence may have declared itself on the intermediate days—it being difficult to determine this point precisely in the absence of a marked crisis. It was very short, recovery was prompt, and I am not aware of a single case of relapse.

When the disease proceeds to a fatal termination, the diminution of the febrile symptoms and pains goes on as described in the preceding paragraph, until about the end of the second or third day, the pulse becomes of its usual fre-

quency, the surface of its natural and pretty equally diffused temperature. In the mean time, the sickness of the stomach, which, although uniformly existing to a greater or less degree during the preceding period of excitement, was not often a subject of much complaint by the patient, is *insidiously* and gradually augmenting, until it soon amounts to uncontrollable irritability, with frequent retching and vomiting. The fluids discharged at first are watery, clear or coloured by the beverages taken. The restlessness is increased, the patient sleeps scarcely at all, or but a few minutes at a time. The tongue becomes thinner and redder at its margin—in some, however, it is quite or nearly natural—the thirst much augmented; the epigastrium becomes now somewhat tender, or exquisitely painful on pressure, particularly adjoining the right hypochondrium. As this period approaches to its close, the sympathies of the system appear to be destroyed. The pulse is slow and languid, the surface is dry and of the temperature of health, the intellectual faculties are clear; these functions give no token of the fatal state which is on the evo of being developed. A faint yellow tingo may now be discovered about the neck, on the breast, between the alæ of the nose and corners of the mouth, about the eyes and roots of the hair on the forehead; the blood-shotten appearance of the eyo gives place to a faint yellow suffusion of the adnata. Slight eructations of air from the stomach take place, at first at distant intervals, and unnoticed by the patient, but soon assuming the form of a very frequent and convulsive hiccough; the black vomit speedily declares itself unequivocally; the matters vomited vary in appearance from a dull brownish translucent liquid, with a few minute flakes swimming in it, to one resembling a strong turbid decoction of coffee; the alvino dejections become dark, and resemble a mixture of thin starch and soot; the matters voided by stool, and those vomited in very malignant cases, sometimes have a very sanguinolent tint; the urinary secretion is suspended; hæmorrhages from the mouth occur; the patient makes occasional feeble efforts to vomit, many of which are abortive, others are followed by discharges of black vomit. About the time the black vomit makes its appearance, the restlessness very generally subsides. The mind, too, is singularly quiet and free from agitation, even in persons who have been apprised by their friends that death was inevitable. This state may continue from a few hours to several days; when it has been protracted, the vomiting has in a few instances ceased, and the inexperienced have indulged the delusive hope that the patient might recover, but death is sure to close the scene with coma, or a few slight convulsive spasms. Sometimes the vital cord is suddenly snapped at an early period of this stage, and death takes place with scarcely a struggle.

As dissolution approaches, the yellowness increases, and in a few hours after death becomes intense all over the surface, except where this is occupied by livid patches.

Death commonly occurs from the third to the seventh day, most frequently, I believe, on the fifth: in one case on the fourteenth. I heard of two cases which were said to have been fatal in the first twenty-four hours. I saw three cases which ran their career without any interruption from medicine or attendance *whatsoever*, in seventy-two hours very nearly.

The bowels, during the early periods of the disease, are costive, unless moved by catharties. The first dejections are commonly feculent, in some cases coloured with bile, in others inclining to a light drab hue. When the appropriate cathar-ties are not exhibited, or fail to arouse the liver and other glands to healthy secretions, the stools in the course of the disease become lighter, and frequently present in colour and consistence a starchy, cream-like, or puruloid aspect. About the time the black vomit commences to be formed, the aspect of the stools is changed: they become darker as the fatal symptoms proceed, until they resemble a mixture of thin starch and soot, become sanious or sanguinolent. It is proper to state, that in many cases I have been unable to note the variations of the stools, so as to speak with sufficient precision of their prevailing character. It has occurred to me, however, to witness the black dejections near the close of fatal cases more frequently than any others.

I have several times observed a spongy state of the gums, as if ptyalism were about to commence, in patients who had taken no calomel.

During the latter periods of this disease, the pulse beats with its natural frequency in a remarkable manner, being, perhaps, rather more languid than in health—very seldom accelerated until the patient is moribund—when it is irregular and fluttering, not uniformly frequent.

The mind, too, preserves an undisturbed serenity, which the old stoics might have envied, while irretrievable ravages are going on in the vital organs with frightful rapidity, and life itself is on the very brink of dissolution.

The *Black Vomit*, as already stated, varies considerably in its appearance. The characteristic marks are, however, unequivocal—they are *dark flocculi*, swimming in a fluid, varying from a brownish, slate-coloured, or whey-looking liquor, to one resembling a strong decoction of coffee. In the first portions vomited, and in milder forms, the flocculi are generally few and minute. In more aggravated cases, they are very abundant, and present every variety of shape, like fine powder, stelliform, linear, or in shreds. In the most malignant cases, the black vomit approaches in appearance to dissolved blood. The flocculi subside very slowly to the bottom of the fluid, and the latter is seen to be of a light greenish or whey-coloured tinge. Sometimes, however, the flocculent portion swims on the surface, and in appearance is not unlike the inside of the dry mushroom, called puff-ball. In portions of black vomit, which had been kept a few days, the flocculi which at first had subsided, slowly arose and swam on the surface of the fluid. The common comparison of black vomit to a turbid decoction of coffee, probably conveys the best idea of its usual appearance. It is inodorous and insipid, or nearly so.

After the most careful inquiry, I am of opinion that very nearly all—as many as nine out of ten of the fatal cases, were accompanied with black vomit. In one body examined after death, which occurred on the fourteenth day after the attack, I found the stomach distended with genuine black vomit, although it was asserted that none had been ejected during life. I have also often seen its well known dark, dusty-looking stains on the bed clothes, when the attendant had not yet suspected its existence.

In the congestive fever and other climatic diseases of this country, I have never seen any thing vomited which was liable, on careful examination, to be mistaken for black vomit; although the mixture of porraceous and dull grayish matters, sometimes vomited in severe congestive fever, has been rashly pronounced black vomit by careless observers—to which, when accurately examined, it bears *very little* resemblance. I have observed a very prevalent disposition to exaggerate the colour of matters ejected from the stomach.

I have witnessed eight cases of *hæmorrhage from the mouth*—five, after black vomit had declared itself. There have also been cases of hæmorrhage from the *nose* and *bowels*.

Hiccough was a pretty frequent, though not invariable symptom of fatal cases. It was always troublesome, and has appeared to me to furnish a scarcely less unfavourable prognosis than black vomit, of which it was a frequent precursor. *Petecchiæ* and large *livid patches* have appeared in a few cases.

Picking of the bed-clothes, and a mild wandering delirium, in some cases, preceded death by many hours.

The severity of the disease is not always in proportion to the violence of the invasion—many of the severest cases having set in with mild symptoms.

The *yellow suffusion* after death was of *very uniform* occurrence, being seldom or never absent.

It is proper here to add, that there has been great uniformity in the leading symptoms of all the cases. *Pains* in the *head, eyes* and *loins*—the *characteristic* expression *of the eyes—vascular excitement and gastric irritability* in the *first* periods: augmented *gastric irritability*, and *black vomit* near the fatal termination, and *yellow suffusion* after death, have been more or less observable in every case. I have, therefore, regarded these as the *pathognomonic* symptoms of the disease.

Pathology.—Intending to give, among the cases, the post-mortem examina-

tions I have made, I shall omit, under the present head, unimportant details, and confine my attention chiefly to the essential pathological condition, which was identical in its nature in every case examined. What follows is the result of seven autopsies.

The *mucous coat* of the stomach is the tissue on which the disease uniformly and mainly commits its greatest ravages. Other structures experience its fury, give rise to various symptoms, and doubtless contribute to the fatal issue. The peritunæal, muscular and cellular coats of the stomach present, so far as I can determine, no pathological lesion whatever. Viewed externally, this organ is of a pretty uniform dull pearl colour, except where the trunks of the blood vessels are rendered visible by the darkish blood with which they are more or less distended. The stomach, on being opened, was in all cases found to contain a considerable quantity—from half a pint to a pint of black vomit—whether the patient had vomited for some time preceding his death or not. On pouring off the black vomit, dark-coloured flocculi—the flocculi of black vomit—are seen *adherent* to the mucous coat of the stomach, dispersed as well over its superior portions as its inferior—the body lying horizontally, and on its back—thus showing they had not subsided after death. The flocculi being detached by washing the stomach in water, the mucous membrane is found *entire*, of a dull, pearl, *whitish* colour, much *thickened* and *softened*. In two cases the softening was so great, that the villous coat could, in portions, be scraped almost into a pulp, with the finger nails. The thickening of the mucous coat is not uniform, but presents, in portions, particularly about the lesser curvature, *rugæ*, and an unequal surface, somewhat like the unevenness of the rind of a lemon—the *etat mamelonne*. No erosions or abrasions have I yet witnessed, unless I except in two cases, an *apparent* ulceration or two of the diameter of a pin's head; and a very slight abrasion in two cases of the edge of the reduplicated fold forming the border of the cardia. Neither was there any thing in the matters vomited in the most ferocious cases, which, on careful examination, could be mistaken for detached portions of the stomach. A *very few* points and small stelliform, *spattered* patches of bright red, as in common inflammation of this tissue, existed; but these points and patches of red would not, except in a single case, form a surface in their aggregate an inch square. In two of the cases examined, the whole mucous coat of the stomach presented the white, much thickened and softened condition above described; in four cases, from three-fourths to five-sixths only of the mucous coat presented this condition, commencing at the pylorus and terminating within one or two inches of the cardiac orifice—while the remaining portion surrounding the cardia, was the seat of a *most intense diffuse red injection*—preserved its *usual firmness*—was but little, if at all *thickened*, and entirely *destitute* of *flocculi* adherent to its surface. This injection does not present the pointed, stellated or spattered patches of common *active* inflammation; but the blood appears to be *diffused* throughout the mucous tissue, and the colour is more or less intense, in proportion to the quantity of blood contained in the different parts, and is of a hue between venous and arterial blood. The line of demarcation between the pale or colourless and injected portions of the mucous coat is, for the most part, as well defined by the different thickness of the two portions, as by their different colour—the white, thickened condition of the one part, the intensely engorged, red colour of the other, which still preserves its normal thickness.

I entertain no doubt that the mucous coat which is thickened and softened, with dark flocculi more or less dispersed over its surface, and destitute of blood in its texture, is in a pathological condition, more advanced than the injected portion. That the thickening and softening supervene upon, or is a sequel of the intense injection or engorgement: and of course, that a state of high sanguineous engorgement is *invariably* precedent to that in which the larger portion of the mucous coat is uniformly found after death. The disengorgement in whatsoever way effected—whether by an imperfectly performed process of secretion, as appears not improbable, or whether the blood is effused pure and undergoes some change by admixture with the fluids of the stomach—forms the

black vomit, or furnishes the material for it, and leaves the mucous tissue bloodless, colourless, thickened, more or less softened and unfit for the purposes of life.

If it he borne in mind that the colourless portion of the mucous tissue is softened and thickened, that the injected portion is not, and that these pathological lesions do not promptly disappear; that a careful examination shows the flocculi which are dispersed on the colourless mucous tissno to be closely adherent, as if formed there, while the injected portion is not only destitute of a single flake, bot that none will adhere to this portion; that the colourless condition of at least a large extent of the mucous tissue, was an invariable concomitant of black vomit, while the injected condition was wanting in three cases, we can feel no doubt of the order in which these lesions succeed each other.

What I wish particolarly to insist on, and what appears to me to be amply borne out by the examinations I have made, is that the essential pathological conditions of the stomach in fatal cases of the present epidemic, so far as these conditions are cognisable by our senses, are, first, a state of high sangoineous engorgement of the mucous membrane of this organ, which eogorgement is relieved by the formation of the black vomit—a proecss fatal to the vital oses of this tissue, and, of course, fatal to life, where a large portion of it is involved. The engorgement is not a condition similar to gastritis—at least to its *common* forms. It does not give rise to the same aggregate of symptoms—it does not present essentially the same pathological appearance—its terminations are altogether unlike.

At what period of the disease the engorgement takes place I am onable to say with precision. In cases which convalesce rapidly, I believe it does not take place at all. In other cases I believe it seldom occurs to any considerable extent, until the close of the period of excitement. Aod I have been disposed from the most careful appreciation of symptoms to regard the augmented or renewed gastric irritability occnrring at this time, or at a subsequent period, as the first symptom of the commencement of serious engorgement. And in the treatment it will be foond a very important indication to prevent any torpor of the cutaneous vessels, or reflux of the blood from the surface upon the internal organs. What is the condition of the mocous tissue or of the gastric nerves, which invites so singularly in this disease to engorgement, I am wholly unable to conjecinre.

In one case the stomach presented numerous hright red points and extensive red spattered patches as in the more common forms of active inflammation of this tissue; and they were chiefly ahondant about the cul-de sac of the stomach. The mucous membrane generally was thickened, softened, and in the colourless, disengorged stato hitherto described. The appearances in this case were interesting by comparison with the *diffuse* redness seen about the cardiac orifice in other cases.

I deem it almost unnecessary to say that the examinations were conducted with great care, and tho existence of the injection in tho texture of the mucous coat and not in the subjacent tissues accurately observed.

Intestinal Canal.—Viewed externally, large portions of this canal are of a deep dark colour—not gangrenoos. This colour is owing in some degree to that of the contents, but the intestinal tnbe itself is pretty permanently imbued with a dsrk brown colour which does not wholly disappear on washing. There is usually moderate congestion of the blood vessels. In some cases, sections of the intestines are palc and much contracted. The external coats of the canal are healthy. We find more or less dark matters throughout the tract—those of the duodenum are sometimes mingled with black vomit, which has passed the pylorus, perhaps after death:—lower down, they are hlack as tar and gelatinous, sanguinolent near the ileo-cœcal valve in one case—in the contracted portions, moderate in quantity, pasty, and colourless. The intestinal mucous membrane is smeared with a starchy material more or less glotinous in different parts; and pathological lesions sometimes are found in the *duodenal* and *ileo-cæcal* portioos. The glands of Brunner and Peyer are sometimes greatly developed, at other

times apparently healthy. There was no obvious and uniform pathological condition apparent to me in this membrane—it was neither thickened nor softened in any noticeable degree. The upper portions of the tube were more commonly distended, the lower portions contracted. Not a particle of bilo was ever found in the intestinal canal. Whether this deficiency will explain most of the morbid appearances, I am unable to determine. The absence of bile in the alimentary canal is by no means of unfrequent occurrence in the febrile diseases of this climate; and whenever this condition exists, it very uniformly occasions *black stools*, sometimes viscid and sometimes watery. I have often seen stools *as black as tar wholly* and almost *instantaneously* checked by a single discharge of *bile*, and the stools forthwith become healthy. While on this subject it may not be amiss to mention that dark, tarry stools are often supposed to be, and described as vitiated *bile*, when they do not contain a particle of bile. The morbid appearances of the intestinal tube were much less severe than those of the stomach, as well as widely different.

The Liver—was found in all cases of its usual dimensions, of ordinary firmness, and without any obvious *structural* derangement. In three cases it was of a very light drab colour externally and internally, and destitute of blood—in one of a dark claret colour and congested with blood—in the others, of its usual appearance and containing a moderate quantity of blood. In all cases there appeared to be a suspension of the biliary secretion; no bile could be squeezed from the substance of the liver. The bile in the gall bladder was deficient in quantity—in some, dark and very tenacious, in others yellow and thin—in only one case was the gall bladder distended. The mucous lining of the gall bladder was in one case *intensely* inflamed. It is scarcely necessary here to contradict the popular error, that black vomit is a vitiated product of this organ, for nothing of this nature was discovered in any part of its substance, nor in the ducts leading to the alimentary canal. On the contrary the *ductus communis choledochus* ae in the case of Robinson, contained a little yellow bile, while the stomach was full of turbid black vomit of the deepest dye.

The *yellow suffusion* of the surface is properly considered among the *post mortem* appearances. That there is a total want of the biliary secretion during the latter periods of this disease is an unquestionable fact. There is no bile contained in the stools that can be discovered, none is found after death in the alimentary canal, in the substance of the liver, and but a very small, less than the usual quantity in the gall bladder. Where is it? At what time this suspension of hepatic action takes place, I am unable to say with precision. From observation of the symptoms, I believe it occurs as early as engorgement of the stomach commences, and is perhaps synchronous with this event. Slight yellow suffusion of portions of the superior parts of the body occurs as has been described, about the time that other symptoms lead us strongly to suspect the commencement of engorgement. The intense yellow colour after death depends on the colouring matter of the bile which has been deposited by the blood. Whether there has been a reabsorption of the biliary secretion, or whether the elements have never been eliminated, is immaterial to the appearance now under consideration. During life, the yellow colour is in some degree veiled by the red colouring matter of the blood; on the separation of this fluid after death, the serous or coagulable portions are of a yellow hue; the red globules produce the livid patches. Wherever in the present disease I have found serum after death, as in the pericardium, it has been *invariably* of the hue of the surface.

The Bladder of Urine was in some contracted, in others distended, and presented nothing worthy of particular notice, except in a single case—that of Forsyth—to which reference may be made for the facts. The *kidneys* when examined offered nothing worthy of note.

The *pancreas* was generally firm and dry. The *spleen* natural.

The *thoracic viscera* are sound. A few drachms of yellow serum are commonly found in the pericardium; and, in one case, a large false polypus of a bright yellow hue in the left ventricle. The *heart* usually contains a moderate quantity of darkish blood. The blood is healthy, neither putrid nor dissolved.

The *brain* and *spinal marrow* were not examined.

According to the pathological conditions above described, it appears that two important organs have *invariably* suffered—the *stomach* and *liver*. The *mucous coat* of the former organ *always* has presented *severe structural* derangements:—a conditinn which I am strongly disposed to regard as the proximate cause of the death of the individual, the *mortis rotio suffieiens*. The latter organ, the *liver*, has with *equal uniformity* exhibited undoubted evidences of severe *functional* derangement; or, accurately speaking, a *totol suspension* of its function of *biliory seeretion*. How intimotely these two conditions are associated—what relation they bear to each other in the chain of cause and effect, or whether they are independent effects of some eominon cause, I cannot determine. From the suspension of the arinary secretion, which very uniformly occurs without appreciable lesions of the kidneys during the last period of the disease; and from the occasional pathological lesions of the mucous lining of the gall bladder and of the urinary bladder, &c., it would appear that most, perhaps all the glandular and mocous tissues respectively of the abdomen, are prone to be in some degree similarly affected in this disease.

The obstacles to extensive dissections in private practice, rendered it impracticable to make examinations of the brain and spinal marrow—as was desirable; although the symptoms would I think justify the doubt, whether any *peculior, appreciable* lesion of tho nervous system existed.

The *blood* drawn during the stage of excitement appeared to me not to vary from a healthy condition. It *coogulated with moderate firmness, without inflammatory buff*, or *tendeney to putreseence*. Nor were there any symptoms or appearances which I regard as showing any defect in its decarbonization by the lungs.

[The preceding interesting artiele is extraeted from a memoir entitled, "An Account of the Yellow Fever which appeared at Galveston, Republie of Texas, in the Autumn of 1839, with Cases ond Dissections. By Ashbel Smith, Ex-Surgeon General of the Texian Army." We have been favoured by the author with a portion of this memoir, (all that was in type when he wrote to us,) and as the pathology of yellow fever is now undergoing discussion and exciting much interest, we have inserted such parts as are calenlated to throw light upon that point. Wben the coneluding portion reaches us we shall review the work.]

Operation for Remedying on *Anchylosis of the Hip-Joint.*—Dr. J. Kearney Rndgers furnishes in the *New York Journ. of Med. and Surg* (Jan., 1840,) the following particulars of an interesting operation which he performed some years ago, to remedy an anchylosis of the hip-joint. "It was similar in some respects," Dr. R. nbserves, "to the one performed by my friend Dr. Rhea Barton, of Philadelphia, in Nov. 1826, and was suggested by the account given by bim in the *North Am. Med. and Surg. Journ.* for 1827.

"I am desirous of plaeing it on record, that the Profession may be in possession of all the operations of the kind, with their results; and, also, for the purpose of correcting the impression made by some inaccurate public notiees of it. Velpeau in his work on Surgery speaks of it, on the authority of an American physician, as fatal; and I also see it alluded to in the *English Cyelopedio of Pract. Surg.* as followed by the same result.

"James Hall, an Irish labourer, aged 47 years, of healthy constitution, in Octobor, 1829, suffered a severe injory by being eaught between a vessel and the wharf.

"By this accident, the left thigh was fractured about its middle; and the right hip-joint severely contused. For the treatment of those injuries he was placed on his baek, Boyer's apparatus applied to the left thigh, and the right thigh flexed, rotated outwards and abducted. The apparatus being badly adjusted, sloughing took place in the left groin, and all dressings were removed. No extension was kept up from this time, and the os femoris united two inches shorter than the right. The inflammation of the hip-joint proved very severe, and terminated in complete bony anchylosis.

"He was admitted under my care into the New York Hospital, November 10th, 1830. At this time, he could indeed walk, but with a painful effort, and the knees, in the act of progression, were separated two feet and a half. He was unable to support his family, and was desirous of having the deformity remedied. His general health was good.

"In consultation with my colleagues, Drs. Mott, Stevens, and Cheesman, I proposed to cut down on the os femoris, saw it off immediately above the less trochanter, and, as this limb was two inches longer than the other, to remove as much as possible of the bone between the trochanter and the head, so as to make the two limbs, as nearly as I could, of the same length. This plan was assented to, and on the 24th of November, 1830, at 12 o'clock, the operation was performed in the following manner. An incision was made, six inches in length, in the course of the os femoris, beginning about an inch above the trochanter major. This was met about its middle by another from the front, three inches in length. The flaps were turned off, and the soft parts easily detached from the bone, so that in a short time, and with much less difficulty than I anticipated, my fingers were passed round the bone immediately above the trochanter minor. The division of the bone was attempted by the chain saw, but the instrument breaking, the section was completed with a saw recommended by Dr. Barton, (*North Am. Med. and Surg. Jour.* for 1827, p. 292.) This being accomplished, the limb was readily placed parallel with its fellow. Another section was made, and a wedge-shaped portion removed, the thickness of which at the outer part was about half an inch, and at the less trochanter, three-quarters of an inch. The removing a portion of bone of this shape, I thought would enable me to keep the limb which had been greatly abducted, more readily in situ.

"The wound was dressed with adhesive plaster and lint, and a bandage applied.

"The patient was now removed to his ward, and placed on a firm mattrass. The limb was kept in a proper position by a bandage to the feet.

"*Eight*, P. M.—Pulse 110. Temperature of skin rather higher than natural; pain in wound not very severe; complains of bandage being tight. It was cut, and an anodyne administered.

"25*th*.—Rested tolerably well; skin somewhat heated; wound swollen and hot, but pain not violent; pulse 114. To take spt. Mind. and apply warm laudanum and water to the wound.

"26*th*.—Slept only an hour and a half; skin cool; pulse 117. Sickened by spt. Mind. Pain in region of the stomach, and rejects his gruel and arrow root. Slight oozing of dark blood from the wound. Ordered fomentations to the epigastrium, lemonade as a drink, and to take at bedtime solut. morph, gt. xxxv.

"27*th*.—Slept better; skin natural; pain of stomach removed; pulse 120. Is cheerful. Skin inflamed in the anterior part of the wound. Continue the opiate wash.

"28*th*, 10, A. M.—Slept soundly, and feels much refreshed. Pulse 103.

"*Eight*, P. M.—Pulse 98. Is perspiring freely. Inflammation of skin subsided; dressings removed; wound almost united.

"29*th*.—Slept well; pulse 92, full and soft. No evacuation from his bowels since the operation, and I was unwilling to disturb the bones by moving him. Common enema to be administered. To take chicken water. Wound rather flabby. To be dressed with Ung. Bals. Peru.

"For some days he improved in every respect.

"*Dec*. 5*th*.—On passing the finger into the wound, the bones could readily be felt in a proper situation.

"*Dec*. 10*th*.—Passed a restless night. Bowels loose. Tongue dry and slightly brown; stomach rejects his drinks and food.

"To take the effervescing draught, and have an injection of starch and laudanum.

"This attack soon passed off, and in six weeks from the operation the wound was nearly healed. Passive motion was now commenced and kept up daily.

"About the 1st of March, the wound healed, and he was supported on crutches. He remained in the Hospital until the beginning of May, 1831, when he left it of his own accord.

"*May*, 1833.—My patient paid me a visit, walking well, and assisted only by a cane. He assured me that he could walk well enough if the left thigh gave him as little inconvenience as the one on which I had operated. But the left knee was somewhat stiff, as was the thigh, in consequence of the scars produced by the sloughs in the groin.

"He can rotate the right limb inward and outward; abduct it, and flex it nearly to a right angle. Thus far the success of the operation was perfect and I intended to keep my eye upon him, and examine the joint from time to time; but I never saw him afterward. I was the more anxious to follow up the case, because, after two or three years, Dr. Barton's patient lost the mobility of his joint.

Sensitive Tumours of the Female Urethra.—This is a most troublesome affection, at least so it has proved in the few cases that have come under our observation. The following case, related by Dr. A. E. Hosack, in the *New York Journal of Medicine and Surgery*, (July, 1839,) is worthy of attention from the success which attended the treatment.

"In May, 1835, I was consulted," says Dr. H., "by a servant woman in a family where I was in attendance, for a complaint which she said had caused her considerable distress, and, as she expressed herself, it appeared as if something had dropped into the passage immediately after making water, causing her great pain at the moment, and which frequently bled, particularly upon being touched by her linen. Upon the slightest exertion she was seized with bearing-down pains, to such a degree as to compel her to take her bed. These difficulties, she said, had been gradually increasing upon her for two or three years, and being unmarried, she was from delicacy induced to conceal her sufferings, until no longer able to bear them.

"From this statement I was induced to make an examination, which clearly explained the cause of all her trouble. I discovered two or three little tumours immediately within the meatus urinarius, to which they were attached by a narrow neck. They were of a florid red colour, and appeared to be covered by the delicate lining membrane of the urethra. They were exquisitely sensitive, and bled upon the slightest touch. In form they resembled a split pea, varying from that in size to a small kidney bean, and placed upright in such a manner as to break the flow of urine. The patient did not, however, complain of the pain upon urinating as her greatest distress, for it was not to be compared to that caused by exertion, or from contact of the dress, which was frequently excruciating.

"By raising these tumours with a probe, I discovered their attachment to be limited to the margin of the urethra, and suggested to her the propriety of having them removed, which I assured her could be readily done, and with comparatively little pain. Having obtained her consent, I snipped them off with scissors; the hemorrhage was not excessive. In a few days the part was healed, and she appeared to be completely rid of the evil, until about six weeks after, when the sensitiveness and other symptoms returned. In the course of three months I was again requested to relieve her, if possible, by a further operation. Upon examination, I found the margin of the urethra fringed with the same highly organized structure. It appeared as if the lining membrane had been prolapsed and was turgid with blood; or, in other words, had shot out like a fungus. Under these circumstances I determined to remove the diseased structure by excising the meatus urinarius, and this was accordingly done. The wound in due time was healed, leaving the parts apparently sound, with the exception of a few spots of discoloration in the folds of the nymphæ, which I afterwards destroyed by caustic.

"The extremity of the urethra remaining somewhat harder than might have been expected in sound parts, I expressed doubt whether it might not be the

incipient stage of scirrhus. The disease, however, in the course of a few months returned with all the distressing symptoms as before enumerated. The patient being again willing to submit to any operation that I might advise, I determined to remove the urethra to an extent that would hold out a better prospect of success. My friend, Dr. Wilkes, with whom I consulted, confirmed this opinion, and assisted me in the operation.

"The patient being placed upon the bed in a recumbent position, with the legs flexed upon the body, I began with measuring the length of the urethra, by introducing the female catheter and marking it the instant the urine began to flow; this precaution I considered necessary, from the fact that the length of the urethra, in females, is very variable; at the same time, I was unwilling to encroach too much upon the bladder, which might endanger consequences more distressing to the individual than the existing disease.

"The preliminaries being attended to, I seized the fungous excrescence with the *pince* of *Museux*, and drawing it out, I circumscribed the urethra with a knife, carried on the dissection until I had detached about three-quarters of an inch in extent, as I supposed. I then examined the urethra at the upper extremity of the wound, and finding it perfectly natural and free from all hardness, I separated it at that point. The hemorrhage, for the moment, was very great; but by pressure, constantly kept up with a compressed sponge, it was arrested, or so much restrained as to do away with all anxiety on that account.

"The patient having made water a short time previous to the operation, I did not consider it necessary to leave a catheter in the bladder, which I afterwards regretted, as I was obliged to draw off the urine the following morning, but not without considerable difficulty, as may be imagined. I determined, however, for the future, to leave the catheter in the bladder, or at least until the urine should flow at its side; which took place on the sixth day, when I removed the instrument. Since which time, she has enjoyed full control over that organ, and voids urine with comparative ease.

"It is now six months, and no return of the disease. No bougie was introduced to keep open the mouth of the urethra, as might, *a priori*, have been considered necessary. Indeed, I purposely avoided using it, lest the irritation might predispose the parts to a return of the disease. Upon examining the part removed, I found the urethra to be very much thickened and hardened at its extremity; but this circumstance not being observed in other instances of this disease as related by different authors, I must conclude that it had no agency in the growth of these tumours, but was probably the result of irritation.

"I first met with this disease in the practice of my friend, Dr. Mott, who, several years ago, was consulted by a gentleman on account of his daughter, who laboured under this distressing complaint. The case was one of great interest, both from the circumstance of the patient being at the delicate age of eighteen, and on the eve of marriage. She had suffered from this disease for two years and upwards, and considering it an insurmountable objection to marrying, had frequently deferred the nuptial ceremonies, at the same time not willing to break off her engagement, and unable any longer to conceal her actual situation, she disclosed the true cause to her father, the only surviving parent, who immediately came to New York, and placed her under the care of Dr. Mott.

"In this case, Dr. Mott, after carefully examining the disease, determined upon removing the *meatus urinarius*, to the margin of which two or three small flattened and vascular tumours were attached. They were of the size of small beans, highly florid, and exquisitely sensitive. The wound healed kindly after the operation; the result was perfectly successful, when she returned home to her friends, and afterwards married."

Club-foot and some analogous Diseases.—The Number of the *New York Journal of Medicine and Surgery* for January, 1840, contains an elaborate and valuable essay on club-foot and some analogous diseases, by Dr. William Detmold, of New York. Dr. D. has had a larger experience in the treatment of these deformities than any other surgeon in this country; and he has contributed in no small

degree, by his paper published in the Number of this Journal for May, 1838, and his numerous operations, to introduce and establish the Stromeyerian method of treating them. We shall notice this last essay of Dr. D. more particularly hereafter; we have only space at present for the following summary of his cases:—

"Of the 167 patients with distorted feet, which we have examined and treated within the last two years, and from the observation of which the foregoing facts are derived, 98 were males and 69 females—38 were within their first year, 62 between the first and third, 31 between three and twelve, 27 between 12 and 25, and nine between 25 and 50.

"125 were born with the deformity; seven of these sqointed at the same time. In 42 it originated after birth; in nine of these it was connected with an evident affection of the spine. In 19 cases there was an hereditary predisposition; (in 18, members of the father's family—and in one, of the mother's, having a similar defect.) In six families, several children had the same deformity.

"In 93 both feet were affected, in 41 the right alone, in 33 the left, (aggregate 260.) 230 were T. varus, 11 T. valgus, 17 T. equinus, 2 T. calcaneus.

"Treated without division of tendons, 2 T. calcaneus, 11 T. valgus, 45 T. varus. The oldest patient treated without an operation was fifteen years old; 13 between one and four; the rest less than a year old. The youngest patient in which we have divided the tendo-Achillis, was three months old.

"In 163 we divided the tendo-Achillis alone; in 17 we divided other tendons also, and the aponeurosis plantaris. In three cases we have divided the tendo-Achillis twice.

"In many cases where the deformity was developing itself after birth, it only required the application of a suitable shoe to remedy it, and make the patient at once walk straight. In cases where the deformity had reached a higher degree, and where we had to divide tendons, the shortest period in which the patient could walk well was eight days; the longest ten months. But amongst this whole number which we have treated within these two years, there are hardly fifty who, with our consent, have left off all support; the rest still use it. For the result of many cases we cannot answer, as in many instances the children were brought, perhaps only once or twice, to our office, and a shoe provided for them, and we never saw them afterwards.

"We have in other contractions divided one sterno-cleido-mastoideus, one biceps brachii, one flexor carpi radialis, one flexor carpi ulnaris, one palmaris longus, one flexor digitorum manus sublimis, four flexor tendons of separate fingers, one pectineus, six biceps femoris, seven semimembranosus and semitendinosus, five extensor tendons of separate toes, three flexor tendons of separate toes; besides a number of times, different portions of fasciæ and aponeuroses.

"In every one of these cases the external wounds healed by the first intention, and only in one case, after the division of the m. flexor digitorum manus, we saw inflammation and an abscess."

We must not omit to notice the very handsome manner in which Dr. D. yields his claim to being the first surgeon in this country, to perform the Stromeyerian operation.

"In the beginning of September, 1837," he remarks, "I performed the operation in New York, and repeated it several times soon after; and in the Number of the *American Journal of the Medical Sciences* for May, 1838, I published a report of several successful cases. As no notice had appeared before that time, in any publication, of this operation having been performed in America, I was induced to believe that I had been the first surgeon who had performed it on this side of the Atlantic; and, indeed, for a short time I enjoyed the credit of it, until soon after Dr. Dickson, of North Carolina, and Dr. Smith, of Baltimore, claimed the priority. As the medical periodicals of this country had given me the credit of its introduction here, Dr. Stromeyer was misled to believe it, and I herewith make to those gentlemen an apology for my friend, for saying in his work on club-foot, 'Dr. Detmold, late surgeon of the royal Hanoverian army, commenced his practice in New York, with a series of successful divisions of the tendo-

Achillis. The enterprising surgeons of America had, until then, not undertaken this operation, although my essays in Rust's Journal had been translated in the American medical periodicals.' But although I have thus no claim to the priority—Dr. Dickson having operated once in 1835, two years before me, and Dr. Smith in 1836—yet, as neither of these gentlemen, nor any other surgeon in this country, had reported any cases of the operation before I began, and as since the publication of my report, several hundred cases (of which number, however, I claim the greater part myself), have been operated upon in the different cities of the United States—I say, from these circumstances, I am inclined to believe that I have done something for the introduction and establishment of this operation in this part of the world."

This statement is in the highest degree creditable to Dr. D., and in our view does him more honour than he would derive from even the invention of the operation.

Vermont Academy of Medicine.—This institution has been resuscitated. The following compose the faculty:—Horace Green, M. D., Theory and Practice of Medicine; Robert Nelson, M. D., General and Special Anatomy and Physiology; James Hadley, M. D., Chemistry and Pharmacy; James Bryan, M. D., Principles and Practice of Surgery; Joseph Perkins, M. D., Materia Medica and Obstetrics; Ralph. Gowdey, M. D., Medical Jurisprudence. The course of instruction will consist of a lecture term and reading term. The public lectures will commence on the second Tuesday in March, and continue thirteen weeks. Fee to the whole course $50; matriculation $5. The reading term is to be conducted by Drs. Perkins and Jamieson, and will commence on the 15th June and continue until the first of March. Fee for the whole term $30.

Wills' Hospital for persons affected with Diseases of the Eyes and Lameness.—The surgeons of this institution have determined to render it available for clinical instruction. Dr. Isaac Parrish commenced, on the first of January, a course of clinical instruction, and it will be continued during the months of April, May and June by Dr. Fox; July, August and September by Dr. Littel; and October, November and December by the editor of this Journal.

Dr. Thomas Cooper's Works.—We learn that the memoirs and writings of the late Dr. Thomas Cooper, are preparing for publication by his son-in-law, Dr. John Manners, of New Jersey.

Introductory Lectures.—We have a number of these on our table, some of which we may notice particularly hereafter; but in justice must state now, that they are all creditable productions, and, as a whole, manifest a decided improvement over those of previous years.